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Office of Administrative Law Judges
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Issue Date: 14 May 2003

CASE NO.: 2002-LHC-2463

OWCP NO.: 1-155214

In the Matter Of:

RALPH PALMIERI

Claimant

v.

ELECTRIC BOAT CORPORATION

Employer/Self-Insured

DECISION AND ORDER AWARDING BENEFITS

This proceeding arises from a claim for worker's compensation benefits filed by Ralph Palmieri ("the Claimant") against his employer, Electric Boat Corporation ("Employer" or "EBC"), under the Longshore and Harbor Workers' Compensation Act, as amended, 33 U.S.C. § 901, *et seq.* ("the Act"). After an informal conference before the District Director of the Department of Labor's Office of Workers' Compensation Programs ("OWCP"), the matter was referred to the Office of Administrative Law Judges for a formal hearing. That hearing was conducted before me in New London, Connecticut on February 10, 2003, at which time all parties were given the opportunity to present evidence and oral argument. The Claimant appeared at the hearing represented by counsel, and an appearance was made by counsel on behalf of the Employer. The Claimant testified at the hearing, and documentary evidence was admitted without objection as: Claimant's Exhibit CX 1-4; Employer's Exhibits EX 1-3; and a stipulation sheet executed by counsel for the Claimant and Employer and received into evidence as Joint Exhibit JX-1. The official documents in the file were received into evidence as Administrative Law Judge Exhibits ALJX 1-5. Additional exhibits were received post hearing. These are: CX-5, the Claimant's earnings for the 52 weeks prior to the date of injury; CX-6, the Claimant's earnings since he returned to work in March, 2002; and CX-7, the transcript of the deposition of Dr. Lawrence Baker. These additional exhibits are hereby received into evidence.¹ Post hearing briefs were authorized and received April 30, 2003.

¹ The transcript of the deposition of Dr. Michael Rinaldi was received after the hearing and was admitted as Exh. EX-3.

SUMMARY OF THE EVIDENCE

Claimant's Testimony

Claimant is 55 years old and began work at EBC February 13, 1972. He worked as a carpenter, working on flooring, repairing outer layers of the submarines, plexiglass, and the like. Tr. at p. 17. This work involved a lot of grinding, climbing and carrying. Claimant also performed regular carpentry work with wood, building staging, planking for repairs, scaffolding, and prop materials. Id. at p. 18. He used electric planers, surface planers, joiners, shapers, band saws, table saws and skill saws in performing this work. About 20% of his work was outside and the rest indoors.

On January 26, 2002, he was working on the tail end of a submarine on a shipping port. He carried a 40-60 pound tool box to the job site, which was reached by transport aboard a truck, and carried it 50-60 feet to the pier, and another 50 feet to the aft section of the submarine under repair, making two trips. He was assigned to move some 16 ft. long aluminum planks and shore them up. He also took apart some staging on a barge, as directed by his supervisor. This required use of ladders, six flights, 30 feet high. This was among the assignments that he typically performed and was qualified to do, although it was not his usual work. Id. at p. 50-51. He was performing these tasks for about 20-30 minutes. He started feeling a tingling sensation. He then returned to cut some wood on the barge and began to feel poorly. He felt tired, with stomach cramping. He took 2 aspirins, and a co-worker checked his pulse, which was normal. Id. at p. 32. After eating lunch, an ambulance was called and his blood pressure taken, which turned out to be slightly high. He was transported to Lawrence and Memorial Hospital, where he stayed for four days. It was determined that he suffered a heart attack. Id. at p. 36-37.

He was treated by Dr. Fazio, who kept him out of work for over one month, returning on March 4. He went to cardiac rehabilitation at Lawrence and Memorial Hospital for eight weeks. Upon his return to work, he performed his normal work duties, but had limited exposure to staging. Id. at p. 38-39 He limited his overtime work, after experiencing exhaustion following one weekend's work. Id. He also limited his work around the house, doing less gardening and painting, and experienced a reduced energy level. Id. at p. 40. For medications, he takes aspirin, Alsace, Metropol and Lipitor. Id. He also experiences shortness of breath, and finds climbing stairs more difficult.

Prior to his heart attack, Claimant did not have cardiac problems, but did have slightly high blood pressure, and took Lipitor to lower his cholesterol for about 6 months before his injury. His father had triple bypass heart surgery, and his brother experienced arrhythmia. He smoked off and on for 20-25 years, but has not smoked since his heart attack. He claims to have smoked less than a pack a day, during the years that he did smoke. Id. at p. 44. He had problems with tingling and numbness in his hands, for which he was treated by a Dr. Cherniak. Id. at p. 60. This doctor noted a tightness in his chest muscles, but Claimant did not experience chest pain. Id. at p. 61. He was not placed under any job restrictions following his heart attack Id. at p. 63-4.

Medical Evidence

Hospital records from Lawrence and Memorial Hospital demonstrate that Claimant suffered an acute non-Q wave myocardial infarction on January 26, 2002, and that he also has hypertension, hyperlipidemia, and smokes. Exh. CX-1. He received a catheterization which revealed an occluded small to moderate caliber diagonal branch off the left anterior descending artery. Id.

Dr. Fazio confirmed that Claimant suffered a myocardial infarction while working at EBC. He estimated Claimant's impairment of the whole body to be in the 20% range, under AMA criteria, recognizing the small size of the myocardial infarction, his ability to return to work without significant impairment, and his asymptomatic status during ordinary daily activities. Exh. CX-2

Dr. Baker, who reviewed the Claimant's medical file, found that Claimant had underlying atherosclerotic coronary artery disease that existed for an indeterminate time in an asymptomatic fashion. He found further that the exertional efforts expended by Claimant at the shipyard that morning, superimposed on the underlying and undiagnosed atherosclerotic coronary artery disease, represented the major contributory factor in Claimant's development of an acute myocardial infarction necessitating hospitalization and a more complete medical regimen. Exh. CX-3

Dr. Rinaldi, who reviewed the medical record of Claimant for his Employer, concluded that there was no causal connection between Claimant's cardiac event and his work at EBC. He states that there is no reliable data that directly links coronary occlusion to any particular event, either physical or mental. He states: "Although myocardial infarction may occur at one's place of work or during one's job-related activity, a direct causal relationship between such activity and a coronary occlusion has never been substantiated." Exh. EX- 1.

STIPULATIONS AND ISSUES

The parties have stipulated to the following:

1. The parties are subject to the Act.
2. An employer/employee relationship existed at the time of the injury.
3. The injury occurred on January 26, 2002.
4. The injury occurred at EBC, Groton, Connecticut.
5. Employer had timely filed notice of the injury.
6. Claimant filed a timely claim.

7. Employer filed a timely notice of controversion.
8. Employer filed a timely report of the accident.
9. Claimant's average weekly wage was \$920.60, yielding a compensation rate of \$613.73.
10. Dates of temporary total disability are January 27, 2002 to March 4, 2002.
11. The date the Claimant returned to his previous job was March 4, 2002.

The issues in controversy are:

1. Causation.
2. Nature and extent of disability

CAUSATION

Positions of the parties

Employer contends that the activities engaged in by the Claimant at the EBC work site just before his heart attack did not cause or contribute to his injuries. It first points out that Claimant had multiple risk factors for myocardial infarction as well as a genetic predisposition for heart problems. The record, Employer maintains, shows that Claimant was a long term smoker, suffered from hypertension and high cholesterol. In addition, EBC asserts that Claimant had a family history of coronary artery disease, having a father who had bypass surgery and a brother with arrhythmia.

Employer admits that it is well-established that a heart attack suffered in the course and scope of employment is compensable even though the employee may have suffered from a related cardiac condition, citing *Gooden v. Director, OWCP*, 135 F.3d 1066, 32 BRBS 96 (CRT) (5th Cir. 2000). However, Employer says that *Southern Stevedoring Co. v. Henderson*, 175 F.2d 863 (5th Cir. 1949) requires that the conditions of employment in such a case be the precipitating cause of the injury. Here, it claims that is not the case.

Employer faults any reliance on Dr. Baker's testimony. Dr. Baker, retained by Claimant, opined that Claimant's heavy exertional activity at the shipyard precipitated his chest pain. Dr. Baker testified that Claimant's preexisting conditions of hypercholesterolemia, hypertension, cigarette smoking and positive family history placed him at risk of a heart attack. Exh. CX- 4. He found that Claimant had underlying arteriosclerotic coronary artery disease for an indeterminate time in an asymptomatic fashion. *Id.* He went on to state that the climbing, lifting and activities Claimant engaged in at EBC on January 26, 2002, superimposed on the underlying coronary artery disease involving coronary vessels, represented the major contributing factor in his development of a

myocardial infarction.

Employer finds this testimony less credible than that of its own expert, Dr. Rinaldi, who found no correlation between the heart attack and the Claimant's work activities. Employer contends that Dr. Baker is an internal medicine specialist, not a Board-certified cardiologist, and observes that he no longer has an active practice. Dr. Rinaldi, on the other hand, is a Board-certified cardiologist at Hartford Hospital.

Dr. Rinaldi reviewed all of the medical records, the Claimant's deposition, and pertinent medical journals. He testified to a reasonable degree of medical certainty that there was no causal relationship between the Claimant's cardiac event and his employment at EBC. Dr. Rinaldi reviewed the risk factors for the development of coronary heart disease which Claimant had, such as hyperecholesteremia, or high cholesterol, which can lead to arteriosclerosis, which in turn can lead to myocardial infarction. He further explained that smoking, another risk factor of Claimant, is a major risk factor for the development of arteriosclerosis. Finally, there was noted a family history of coronary heart disease, where Claimant's father had quadruple by-pass surgery in his sixties, and his brother developed cardiac arrhythmia in his fifties.

Dr. Rinaldi considered Claimant's job duties to be a moderate form of activity or exercise and noted that he was a jogger, as well. The Doctor testified that medical literature indicates that individuals who exercise reduce the risk of having a heart attack to one in a million. Exh. EX-3 at p. 10-11 (Emphasis added)

Employer asserts that Claimant has failed to establish a prima facie case of liability in that he relies upon the opinion testimony of Dr. Baker provided eleven months after the attack upon referral by Claimant's counsel. Employer further argues that the two other physicians with reports in this record, Drs. Russ and Fazio, also did not causally relate the employee's work activities to his heart attack.

Discussion and Conclusion

Section 20(a) of the Act provides Claimant with a presumption that his condition is causally related to his employment if he shows that he suffered a harm and that employment conditions existed or a work accident occurred which could have caused, aggravated, or accelerated the condition. *See Merrill v. Todd Pacific Shipyards Corp.*, 25 BRBS 140 (1991); *Gencarelle v. General Dynamics Corp.*, 22 BRBS 170 (1989), *aff'd*, 892 F.2d 173, 23 BRBS 13 (CRT)(2d Cir. 1989). Once claimant has invoked the presumption, the burden of proof shifts to employer to rebut it with substantial countervailing evidence. *Merrill*, 25 BRBS at 144. If the presumption is rebutted, the administrative law judge must weigh all the evidence and render a decision supported by substantial evidence. *See Del Vecchio v. Bowers*, 196 U.S. 280 (1935).

Although Employer argues here that the presumption has not been established, primarily because of Claimant's reliance upon a report from a physician who is not a Board-Certified

cardiologist, the record clearly demonstrates that Claimant has shown that he suffered from a harm (he had a myocardial infarction necessitating hospitalization) and that employment conditions occurred at work which could have caused, aggravated, or accelerated the condition (his heart attack followed a period of heavy exertional work, which a doctor examining the records testified represented the major contributory factor in the development of the myocardial infarction). Accordingly, I find that the Section 20(a) presumption has been established in this case.

Next, it is necessary to determine if the Employer has rebutted the presumption with substantial countervailing evidence. To rebut the presumption, the party opposing entitlement must present "substantial evidence" proving the absence of or severing the connection between such harm and employment or working conditions. *Kier v. Bethlehem Steel Corp.*, 16 BRBS 128, 129 (1984); *Parsons Corp. of California v. Director, OWCP*, 619 P.2d 38, 41 (9th Cir. 1980); *Butler v. District Parking Management Co.*, 363 F. 2d 682, 683 (D.C. Cir. 1966); *Ranks v. Bath Iron Works Corp.*, 22 BRBS 301, 305 (1989); *Romeike v. Kaiser Shipyards*, 22 BRBS 57, 59 (1989). If the employer presents "specific and comprehensive" evidence sufficient to sever the connection between a claimant's harm and his employment, the presumption no longer controls, and the issue of causation must be resolved on the whole body of proof. See, e.g., *Leone v. Sealand Terminal Corp.*, 19 BRBS 100, 102 (1986); *Del Vecchio v. Bowers*, 296 U.S. 280, 286 (1935); *Volpe v. Northeast Marine Terminals*, 671 F.2d 697, 700 (2d Cir. 1981). In such cases, I must weigh all of the evidence relevant to the causation issue, resolving all doubts in Claimant's favor. *Sprague v. Director, OWCP*, 688 F.2d 862, 865 (1st Cir. 1982); *MacDonald v. Trailer Marine Transport Corp.*, 18 BRBS 259, 261 (1986).

Here, I find that Employer has rebutted the presumption by offering the testimony of Dr. Rinaldi, a Board-certified cardiologist, who has testified, after reviewing all of the medical records and literature, that Claimant's medical record does not establish a causal relationship between his job-related activity and the myocardial infarction. Indeed, the evidence offered by Dr. Rinaldi is that there is no reliable data in the literature that directly links coronary occlusion to any particular event, either physical or mental. Exh. EX -1.

Since the presumption of causation has been rebutted, it is now required that the undersigned weigh all of the evidence and render a decision supported by substantial evidence. In arriving at a decision in this matter, it is well settled that the finder of fact is entitled to determine the credibility of witnesses, to weigh the evidence and draw his own inferences therefrom, and is not bound to accept the opinion or theory of any particular medical examiner. *Avondale Shipyards, Inc. v. Kennel*, 914 F.2d 88, 91 (5th Cir. 1988); *Atlantic Marine, Inc. and Hartford Accident & Indemnity Co. v. Bruce*, 551 F.2d 898, 900 (5th Cir. 1981); *Bank v. Chicago Grain Trimmers Association, Inc.*, 390 U.S. 459, 467, *reh'g denied*, 391 U.S. 929 (1968).

The issue of causation boils down to a decision as to which medical opinion is more credible—that of Dr. Baker, who opined that the Claimant's heavy exertional activities, when superimposed upon "an underlying substrate of pathology, i.e., arteriosclerotic coronary artery disease" (Exh. CX- 4 at p. 3), was the major contributory factor to his myocardial infarction, or that

of Dr. Rinaldi, who, as noted above, found no link between Claimant's heavy exertional activities at EBC immediately preceding his heart attack and the myocardial infarction that he did indeed suffer.

I find the opinion of Dr. Baker to be more credible in these circumstances. Dr. Baker's report at Exh. CX-4, appears to be substantially consistent with the record evidence as to the Claimant's work activities the day of his attack, his underlying history of symptomatology consistent with underlying arteriosclerosis, and positive family history of heart problems. He noted that the work need not be unusual in order to trigger a heart attack. He advised that an MI is due to a combination of physical activities, the metabolic and endocrine status of the individual on the particular day the heart attack occurred. He further noted that activities like climbing ladders or staging, or carrying equipment increase blood pressure and heart rate and that these increases are the cause of the rupture of the arteriosclerotic plaque which results in development of a clot and causes occlusion of the vessel and resulting death of heart muscle. Exh. CX- 7. Employer's argument that Dr. Baker would like the Court to completely ignore Claimant's multiple risk factors and genetic predispositions and attribute the attack solely to work simply goes too far. Dr. Baker explicitly recognized the Claimant's risk factors and underlying arteriosclerosis, finding that the work activities, superimposed on the underlying arteriosclerotic disease, represented the major contributory factor leading to the MI. Exh. CX- 7 at p. 15.

While Dr. Baker apparently erroneously assumed that the Claimant had taken two nitroglycerine pills after developing discomfort at the work site, the record makes it more likely that Claimant had taken two aspirins upon becoming ill at the job site. Undoubtedly, Dr. Baker picked this up from Dr. Fazio's hospital report, which contains a reference to the taking of nitroglycerine. Exh. CX-1 at p. 1-9. In any event, I do not find this discrepancy to be critical in judging credibility. Dr. Baker has stated rather firmly that the physical exertion contributed to and represented the major contributory factor in the development of the myocardial infarction. He clearly indicated that physical or emotional trauma is generally accepted in the medical community as a trigger for heart attacks. Exh. CX- 7 at p. 12. He considered and took into account all of the other risk factors Claimant possessed. His testimony is persuasive.

Dr. Rinaldi has concluded, largely on the basis of a review of the literature applied to the facts of this case, that there was no causal relationship between the heavy exertional work activity and the heart attack. But Dr. Rinaldi did agree that the Claimant's work activities could have been a trigger point for myocardial infarctions. Exh. EX- 3 at p. 10. He went on to state that exercise is frequently prescribed to reduce the risk of heart attacks, concluding that a combination of exercise and work activity would reduce the risk rate for heart attacks to one in a million. On the basis of his testimony, I believe it fair to state that Dr. Rinaldi might never find a causal relationship between any particular physical or mental activity and a myocardial infarction. Claimant here did have a history of exercise by jogging, and performed heavy exertional work. Presumably, if Dr. Rinaldi's testimony is to be accepted, Claimant's risk of an attack such as the one he suffered would have been infinitesimally small. Yet he did suffer the attack, shortly after performing heavy exertional work. It may be the case that the MI suffered by Claimant could have occurred at any time, as Dr. Rinaldi suggests, but there

is no escaping the fact that it did occur after heavy work at EBC, and that such physical activity is generally recognized in the medical community as a trigger for heart attacks in the presence of underlying arteriosclerosis. In these circumstances, Dr. Baker's opinion seems the more credible and plausible, in addition to being the one best supported by the record evidence.

I also find unpersuasive Employer's point that neither of the other medical reports in the record, from Drs. Fazio and Russ, found a causal link between the exertional work activity and the MI. First, neither report dealt with the issue of causation. Dr. Fazio mentions the physical exertion in his historical account, indicating an awareness of the circumstances, but that report simply was not for the purpose of assessing causation. Indeed, a fair reading of Dr. Fazio's May 9, 2002 letter (Exh. CX-2), while not dealing with causation *per se*, is more consistent with Dr. Baker's view of causation than Dr. Rinaldi's in that it relates the Claimant's physical activities that day in the sense that they were events leading up to the MI. Had they no significance, as Dr. Rinaldi suggests, I doubt that Dr. Fazio would have paid them much attention.

Dr. Russ wrote a discharge summary following Claimant's hospitalization that also was not intended to establish causation. Exh. CX-1 at p. 1-2. It is neither surprising nor meaningful that causation is not a subject of that document.

Employer suggests that its expert is more qualified in this particular field than is Dr. Baker and should accordingly be given greater credence. I find Dr. Baker's credentials to be impressive, even though he is not Board-certified in cardiology. He is graduate of the Harvard Medical School, a clinical instructor at that institution and has a long history of medical experience upon which to draw. He is certainly sufficiently expert in the medical matters at issue here to render an opinion that deserves considerable weight. This is not to suggest that Dr. Rinaldi is any less qualified an expert. He also has an impressive resume and substantial medical experience. When expert testimony differs and it becomes necessary to choose the more reliable, that task falls to the undersigned. Here, I find Dr. Baker's testimony the more persuasive.

I also am unmoved by the case precedent cited by Employer. *Gonzalez v. Boyd Campbell Co.* (BRB 99-0957), which involved facts similar to those in the instant case, is notable for its finding that the administrative law judge is entitled to weigh the medical evidence and to draw his own inferences, not being bound to accept the opinion or theory of any particular medical examiner. *Gonzalez*, mimeo at p. 3. In *Gonzalez*, the administrative law judge gave greater weight to a physician who was a board-certified cardiologist, but one of the reasons cited was the incorrect assumptions employed by the other medical expert. I am not bound by *Gonzalez* to accept Dr. Rinaldi's position over Dr. Baker's when there is substantial evidence to support a determination that greater weight should be afforded to Dr. Baker's opinion.

In summary, I find that the Claimant's myocardial infarction arose out of and in the course of his employment at EBC in that the physical activities he engaged in at the work site immediately preceding the cardiac event, superimposed upon his underlying arteriosclerosis, contributed to Claimant's development of a myocardial infarction necessitating hospitalization. He was, as a result,

temporarily total disabled from January 27, 2002 through March 4, 2002 and incurred medical expenses for a medical regimen to treat his heart condition.

NATURE AND EXTENT OF DISABILITY

Claimant returned to work on March 4, 2002. Since then, he claims to have suffered tiredness and shortness of breath. He testified that his boss has accommodated his reduced capacity by taking him off staging work. He has had to forgo overtime, as well. Tr. at p. 38-40. He also described difficulty performing gardening activities around his new home. Id.

The record discloses that the Claimant worked approximately 2,583.5 hours during the year before his MI, or 49.68 hours per week. Since the attack, he has been able to work only 41 hours per week, for a reduction of 8.68 hours per week.. Exhs. CX- 5 and CX- 6. At the time of his heart attack, Claimant was earning \$17.53 per hour. He seeks 2/3 of the lost wages of \$101.09 per week ($\$8.68 \times \$17.53 \times 2/3 = \101.59) commencing March 5, 2002.

I find and conclude that Claimant has reduced earnings capacity as a result of his work-related heart attack and that he suffers a permanent partial disability for which he is entitled to compensation as claimed above.

INTEREST ON UNPAID COMPENSATION

Although not specifically authorized in the Act, the Benefits Review Board and the Courts have consistently upheld interest awards on past due benefits to ensure that the employee receives the full amount of compensation due. *Strachan Shipping Co. v. Wedemeyer*, 452 F.2d 1225, 1228-30 (5th Cir.1971); *Quave v. Progress Marine*, 912 F.2d 798, 801 (5th Cir.1990), *rehearing denied* 921 F. 2d 273 (1990), *cert. denied*, 500 U.S. 916 (1991); *Watkins v. Newport News Shipbuilding & Dry Dock Co.*, 8 BRBS 556 (1978), *aff'd in pertinent part and rev'd on other grounds sub nom. Newport News v. Director, OWCP*, 594 F.2d 986 (4th Cir. 1979); *Santos v. General Dynamics Corp.*, 22 BRBS 226 (1989). Interest is due on all unpaid compensation. *Adams v. Newport News Shipbuilding & Dry Dock Co.*, 22 BRBS 78, 84 (1989). The Board has also concluded that inflationary trends in the economy render use of a fixed interest rate inappropriate to further the purpose of making claimant whole, and it has held that interest should be assessed according to the rate employed by the United States District Courts under 28 U.S.C. §1961 (1982) which is the rate periodically changed to reflect the yield on United States Treasury Bills. *Grant v. Portland Stevedoring Company*, 16 BRBS 267, 270 (1984), *modified on reconsideration*, 17 BRBS 20 (1985). My order incorporates 28 U.S.C. §1961 (1982) by reference and provides for its specific administrative application by the District Director. The appropriate rate shall be determined as of the filing date of this Decision and Order with the District Director.

FEE PETITION

Having successfully established his right to compensation and medical benefits, the Claimant is entitled to an award of attorneys' fees under section 28(a) of the Act. *American Stevedores v. Salzano*, 538 F.2d 933, 937 (2d Cir. 1976); *Ingalls Shipbuilding v Director, OWCP*, 920 F.2d 163, 166 (5th Cir. 1993). Claimant's attorney has submitted a fee petition seeking to recover fees and expenses in the amount of \$7,351.20. Responses to this petition will be due May 20, 2003.

ORDER

Based upon the foregoing Findings of Fact and Conclusions of Law and upon the entire record, the following order is entered:

1. The Employer, Electric Boat Corporation, shall pay to the Claimant, Ralph Palmieri, temporary total disability compensation pursuant to 33 U.S.C. §908(b) commencing January 27, 2003 and continuing through March 3, 2003 at the rate of \$613.73 per week;
2. The Employer shall pay the Claimant permanent partial disability compensation benefits pursuant to 33 U.S.C. §908(c)(21) at the weekly compensation rate of \$101.59 commencing March 4, 2003 to the present and continuing;
3. The Employer shall be allowed a credit pursuant to 33 U.S.C. §914(j) for prior payments of temporary total disability compensation;
4. The Employer shall furnish the Claimant with such reasonable, appropriate and necessary medical care and treatment as the Claimant's work-related injury may require pursuant to 33 U.S.C. §907;
5. The Employer shall pay to the Claimant interest on any past due compensation benefits at the Treasury Bill rate applicable under 28 U.S.C. §1961 (1982), computed from the date each payment was originally due until paid;
6. The Employer who shall have until May 20, 2003 to file any objections to counsel for the Claimant's attorney fee petition; and

7. All computations of benefits and other calculations provided for in this Order are subject to verification and adjustment by the District Director.

SO ORDERED.

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WILLIAM J. COWAN
Administrative Law Judge

Boston, Massachusetts
WJC:jal